



# ecology and environment, inc.

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International Specialists in the Environmental Sciences

EPA Region 5 Records Ctr.



291098

DATE: August 8, 1980  
TO: Joe Petrilli  
FROM: Rene Van Someren  
SUBJECT: Illinois/Eckhart Report  
Amoco Oil Company, Wood River Refinery 5

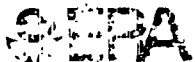
A Preliminary Assessment Form (USEPA Form T2070-2) has been completed for the subject site. This site was listed on the Illinois-Eckhart Report and has been researched pursuant to TDD# F5-8005-3.

In reviewing the Preliminary Assessment form and general background information, the following steps are recommended:

1. Although a medium priority for an on-site inspection exists at this time (due to a high groundwater table, the close proximity of the Mississippi River, and contamination of the air and soil due to liquid and waste spills), no action is recommended at this time, pending IEPA action.

The above conclusion is based on the fact that Amoco has voluntarily ceased waste disposal and is presently storing the material until proper disposal techniques are developed. A conversation with David Wheaties of IEPA revealed that the site will remain permanently closed. IEPA is attempting to force Amoco to completely remove all waste from the site.

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POTENTIAL HAZARDOUS WASTE SITE  
IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION

V

SITE NUMBER (to be assigned by Hq)

NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.

GENERAL INSTRUCTIONS: Complete Sections I and III through X as completely as possible before Section II (Preliminary Assessment). File this form in the Regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency, Hazardous Waste Enforcement Task Force (EN-335), 401 M St., SW, Washington, DC 20460.

I. SITE IDENTIFICATION

A. STREET (or other identifier) American Oil Co., Wood River Refinery		B. STREET (or other identifier) P.O. Box 182	
C. CITY Wood River	D. STATE IL	E. ZIP CODE 62095	F. COUNTY NAME Madison
G. OWNER/OPERATOR (if known) American Oil Company 20 N. Wacker Dr. Chicago, IL 60606			H. TELEPHONE NUMBER

I. TYPE OF OWNERSHIP

☐ 1. FEDERAL ☐ 2. STATE ☐ 3. COUNTY ☐ 4. MUNICIPAL ☒ 5. PRIVATE ☐ 6. UNKNOWN

J. LOCATION

Site located in flood plain of Mississippi River, west of IL  
Rt. 3 in Wood river. T 5N. R.9W. Sec. 28

K. SOURCE (i.e., citizen's complaints, OSHA citations, etc.)

Citizen's complaints & aerial surveillance

L. DATE CONTACT

Ken Mensing, IL EPA

K. DATE IDENTIFIED (mo., day, & yr.)  
3-27-79

2. TELEPHONE NUMBER  
618-345-4606  
~~618-345-0700~~

II. PRELIMINARY ASSESSMENT (complete this section last)

M. SERIOUSNESS OF PROBLEM

☒ 1. HIGH ☒ 2. MEDIUM ☐ 3. LOW ☐ 4. NONE ☐ 5. UNKNOWN

N. RECOMMENDATION

☐ 1. NO ACTION NEEDED (no hazard)

☐ 2. IMMEDIATE SITE INSPECTION NEEDED  
a. TENTATIVELY SCHEDULED FOR: \_\_\_\_\_  
b. WILL BE PERFORMED BY: \_\_\_\_\_

☐ 3. SITE INSPECTION NEEDED  
a. TENTATIVELY SCHEDULED FOR: \_\_\_\_\_  
b. WILL BE PERFORMED BY: \_\_\_\_\_

☒ 4. SITE INSPECTION NEEDED (low priority)  
If state does not rectify problem

O. PREPARED INFORMATION

1. NAME  
Rodney T. Bloese

2. TELEPHONE NUMBER  
312-663-9415

3. DATE (mo., day, & yr.)

III. SITE INFORMATION

A. SITE STATUS

☒ 1. ACTIVE (Those industrial or municipal sites which are being used for manufacturing, storage, or disposal on a continuing basis, even if infrequently.)

☐ 2. INACTIVE (Those sites which no longer receive wastes.)

☐ 3. OTHER (specify): \_\_\_\_\_  
(Those sites that include such incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.)

B. IS GENERATOR ON SITE?

☐ 1. NO ☒ 2. YES (specify generator's four-digit SIC Code): \_\_\_\_\_

C. AREA OF SITE (in acres)  
153.3

D. IF APPARENT SERIOUSNESS OF SITE IS HIGH, SPECIFY COORDINATES

1. LATITUDE (deg.-min.-sec.)  
2. LONGITUDE (deg.-min.-sec.)

E. ARE THERE BUILDINGS ON THE SITE?

☐ 1. NO ☒ 2. YES (specify): \_\_\_\_\_

## IV. CHARACTERIZATION OF SITE ACTIVITY

Indicate the major site activity(ies) and details relating to each activity by marking 'X' in the appropriate boxes.

A. TRANSPORTER		B. STORER		C. TREATER		D. DISPOSER	
<input checked="" type="checkbox"/> 1. RAIL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> 1. PILE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> 1. FILTRATION	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> 1. LANDFILL	<input checked="" type="checkbox"/>
<input type="checkbox"/> 2. SHIP	<input type="checkbox"/>	<input type="checkbox"/> 2. SURFACE IMPOUNDMENT	<input type="checkbox"/>	<input type="checkbox"/> 2. INCINERATION	<input type="checkbox"/>	<input type="checkbox"/> 2. LANDFARM	<input type="checkbox"/>
<input checked="" type="checkbox"/> 3. BARGE	<input type="checkbox"/>	<input type="checkbox"/> 3. DRUMS	<input type="checkbox"/>	<input type="checkbox"/> 3. VOLUME REDUCTION	<input type="checkbox"/>	<input type="checkbox"/> 3. OPEN DUMP	<input type="checkbox"/>
<input type="checkbox"/> 4. TRUCK	<input type="checkbox"/>	<input type="checkbox"/> 4. TANK, ABOVE GROUND	<input type="checkbox"/>	<input type="checkbox"/> 4. RECYCLING/RECOVERY	<input checked="" type="checkbox"/>	<input type="checkbox"/> 4. SURFACE IMPOUNDMENT	<input type="checkbox"/>
<input type="checkbox"/> 5. PIPELINE	<input type="checkbox"/>	<input type="checkbox"/> 5. TANK, BELOW GROUND	<input type="checkbox"/>	<input type="checkbox"/> 5. CHEM./PHYS. TREATMENT	<input type="checkbox"/>	<input type="checkbox"/> 5. MIDLIGHT DUMPING	<input type="checkbox"/>
<input type="checkbox"/> 6. OTHER (specify):	<input type="checkbox"/>	<input type="checkbox"/> 6. OTHER (specify):	<input type="checkbox"/>	<input type="checkbox"/> 6. BIOLOGICAL TREATMENT	<input type="checkbox"/>	<input type="checkbox"/> 6. INCINERATION	<input type="checkbox"/>
				<input type="checkbox"/> 7. WASTE OIL REPROCESSING	<input type="checkbox"/>	<input type="checkbox"/> 7. UNDERGROUND INJECTION	<input type="checkbox"/>
				<input type="checkbox"/> 8. SOLVENT RECOVERY	<input type="checkbox"/>	<input type="checkbox"/> 8. OTHER (specify):	<input type="checkbox"/>
				<input type="checkbox"/> 9. OTHER (specify):	<input type="checkbox"/>		<input type="checkbox"/>

## E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED

The site is an oil refinery which has disposed waste in past and presently is "storing" the waste for proper disposal.

## V. WASTE RELATED INFORMATION

## A. WASTE TYPE

☐ 1. UNKNOWN ☐ 2. LIQUID ☒ 3. SOLID ☒ 4. SLUDGE ☐ 5. GAS

## B. WASTE CHARACTERISTICS

☐ 1. UNKNOWN ☐ 2. CORROSIVE ☐ 3. IGNITABLE ☐ 4. RADIOACTIVE ☐ 5. HIGHLY VOLATILE  
☒ 6. TOXIC ☐ 7. REACTIVE ☐ 8. INERT ☐ 9. FLAMMABLE

☐ 10. OTHER (specify):

## C. WASTE CATEGORIES

1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.

Yes, analysis of waste are included in report, but not the amount.

2. Estimate the amount (specify unit of measure) of waste by category; mark 'X' to indicate which wastes are present.

a. SLUDGE		b. OIL		c. SOLVENTS		d. CHEMICALS		e. SOLIDS		f. OTHER	
AMOUNT		AMOUNT		AMOUNT		AMOUNT		AMOUNT		AMOUNT	
				Unknown				Unknown			
UNIT OF MEASURE		UNIT OF MEASURE		UNIT OF MEASURE		UNIT OF MEASURE		UNIT OF MEASURE		UNIT OF MEASURE	
<input checked="" type="checkbox"/> (1) PAINT, PIGMENTS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (1) OILY WASTES	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (1) HALOGENATED SOLVENTS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (1) ACIDS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (1) FLYASH	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (1) LABORATORY PHARMACEUT.	<input checked="" type="checkbox"/>
<input type="checkbox"/> (2) METALS SLUDGES	<input type="checkbox"/>	<input type="checkbox"/> (2) OTHER (specify):	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (2) NON-HALOGNTD. SOLVENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/> (2) PICKLING LIQUORS	<input type="checkbox"/>	<input type="checkbox"/> (2) ASBESTOS	<input type="checkbox"/>	<input type="checkbox"/> (2) HOSPITAL	<input type="checkbox"/>
<input type="checkbox"/> (3) POTW	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (3) OTHER (specify):	<input checked="" type="checkbox"/>	<input type="checkbox"/> (3) CAUSTICS	<input type="checkbox"/>	<input type="checkbox"/> (3) MILLING/ MINE TAILINGS	<input type="checkbox"/>	<input type="checkbox"/> (3) RADIOACTIVE	<input type="checkbox"/>
<input type="checkbox"/> (4) ALUMINUM SLUDGE	<input type="checkbox"/>			HYDROCARBONS		<input type="checkbox"/> (4) PESTICIDES	<input type="checkbox"/>	<input type="checkbox"/> (4) FERROUS SMLTG. WASTES	<input type="checkbox"/>	<input type="checkbox"/> (4) MUNICIPAL	<input type="checkbox"/>
<input type="checkbox"/> (5) OTHER (specify):	<input type="checkbox"/>					<input type="checkbox"/> (5) DYES/INKS	<input type="checkbox"/>	<input type="checkbox"/> (5) NON-FERROUS SMLTG. WASTES	<input type="checkbox"/>	<input type="checkbox"/> (5) OTHER (specify):	<input type="checkbox"/>
						<input type="checkbox"/> (6) CYANIDE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (6) OTHER (specify):	<input checked="" type="checkbox"/>		<input type="checkbox"/>
						<input type="checkbox"/> (7) PHENOLS	<input type="checkbox"/>	DIATOMACEOUS EARTH	<input type="checkbox"/>		<input type="checkbox"/>
						<input type="checkbox"/> (8) HALOGENS	<input type="checkbox"/>	CLAYS	<input type="checkbox"/>		<input type="checkbox"/>
						<input type="checkbox"/> (9) PCB	<input type="checkbox"/>	EARTH	<input type="checkbox"/>		<input type="checkbox"/>
						<input type="checkbox"/> (10) METALS	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
						<input type="checkbox"/> (11) OTHER (specify):	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

## V. WASTE RELATED INFORMATION (continued)

3. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hazard).

1. Clay used as filter to jet fuel and polybutenes.
2. Liquid hydrocarbons
3. Non-recoverable oily wastes

4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE.

## VI. HAZARD DESCRIPTION

A. TYPE OF HAZARD	B. POTENTIAL HAZARD (mark 'X')	C. ALLEGED INCIDENT (mark 'X')	D. DATE OF INCIDENT (mo., day, yr.)	E. REMARKS
1. NO HAZARD				
2. HUMAN HEALTH				
3. NON-WORKER INJURY/EXPOSURE				
4. WORKER INJURY				
5. CONTAMINATION OF WATER SUPPLY				
6. CONTAMINATION OF FOOD CHAIN				
7. CONTAMINATION OF GROUND WATER	X			High groundwater table
8. CONTAMINATION OF SURFACE WATER	X			Close proximity of Miss. River
9. DAMAGE TO FLORA/FAUNA				
10. FISH KILL				
11. CONTAMINATION OF AIR	X			From refining process
12. NOTICEABLE ODORS				
13. CONTAMINATION OF SOIL	X			Liquid & waste spills
14. PROPERTY DAMAGE				
15. FIRE OR EXPLOSION				
16. SPILLS/LEAKING CONTAINERS/RUNOFF/STANDING LIQUIDS				
17. SEWER, STORM DRAIN PROBLEMS				
18. EROSION PROBLEMS				
19. INADEQUATE SECURITY				
20. INCOMPATIBLE WASTES				
21. MIDNIGHT DUMPING				
22. OTHER (specify):				

## VII. PERMIT INFORMATION

A. INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE.

- ☐ 1. NPDES PERMIT    ☐ 2. SPCC PLAN    ☐ 3. STATE PERMIT (specify): \_\_\_\_\_  
☐ 4. AIR PERMITS    ☐ 5. LOCAL PERMIT    ☐ 6. RCRA TRANSPORTER  
☐ 7. RCRA STORER    ☐ 8. RCRA TREATER    ☐ 9. RCRA DISPOSER

☒ 10. OTHER (specify): None

B. IN COMPLIANCE?

- ☐ 1. YES    ☒ 2. NO    ☐ 3. UNKNOWN

C. WITH RESPECT TO (list regulation name &amp; number): \_\_\_\_\_

## VIII. PAST REGULATORY ACTIONS

- ☐ A. NONE    ☒ B. YES (summarize below)

Enforcement No. 5500 dated March 10, 1980, Notice of Enforcement, IEPA

## IX. INSPECTION ACTIVITY (past or on-going)

- ☐ A. NONE    ☒ B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION
Enforcement	3-10-80	State	NOtice of Erforcement
Routine	2-14-80	State	Routine Inspection
Routine	12-17-79	State	Routine Inspection

## X. REMEDIAL ACTIVITY (past or on-going)

- ☐ A. NONE    ☒ B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION
Voluntary Ceasing of Action	3-19-80	Company	Reply to Enforcement Notice

NOTE: Based on the information in Sections III through X, fill out the Preliminary Assessment (Section II) information on the first page of this form.